



CLASSIFIED IMMIGRANT SCREENING AND REPORTING REQUIREMENTS

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Newcomer Health Program Coordinator**

WHAT IS THE DIFFERENCE BETWEEN A REFUGEE AND AN IMMIGRANT?

Refugee

- Refugees are forced to leave their country of homeland and can't go back.
- Refugees are eligible for reimbursement through the Newcomer Health Program (NHP).

Immigrant

- Immigrants come to the United States because they want to for various reasons.
 - Marriage, job, school, etc
- Immigrants are **not** eligible for reimbursement through the NHP.



HOW DO I KNOW IF SOMEONE IS A CLASSIFIED IMMIGRANT?

- Newcomer Health Program (NHP) and LHD receive notice via email that reports are pending in the Electronic Disease Notification (EDN) System
- This is why it's so important for several people at the local level to have access to EDN
 - For districts with less than 5 notifications per year, the NHP will continue to send information.
- Look in EDN – TB class is always listed. If there is a TB condition, there will also be a designation listed under Worksheet Status



EDN

- Electronic Disease Notification System
- CDC database that houses overseas medical information for all refugees and any immigrant identified with TB classified condition

Login
Logout
Administrative Tasks
EDN Workflow
Home
Alien List
Alien Search
Batch Print
Reports
Data Download
Help
Contacts
Help

Division of Global Migration and Quarantine



Welcome Jill Grumbine to EDN.
You are logged on as the Virginia State TB/Refugee Coordinator

Please select a jurisdiction/role to use in EDN :

Note: This application has been optimized for use with Internet Explorer version 6 and 7.

on Notification Date in the last 12 months)

Worksheet Status

<u>Visa Type</u>	<u>DOB</u>	<u>TB Class</u>	<u>Jurisdiction</u>	<u>Date of Arrival</u>	<u>Notification Date</u>	<u>Worksheet Status</u>
All ▾		[No Filter] ▾	All ▾			
I	Nov 19, 2005	B2 (TI 07)	Fairfax HD VA	May 06, 2015	May 11, 2015	Not Started
I	May 12, 1959	B1 (TI 07)	Hampton HD VA	May 03, 2015	May 11, 2015	Not Started
R	Oct 07, 1983	None	Henrico HD VA	May 07, 2015	May 11, 2015	N/A
R	Jul 27, 2001	B2 (TI 07)	Henrico HD VA	May 06, 2015	May 11, 2015	Not Started
R	Aug 22, 2005	None	Henrico HD VA	May 06, 2015	May 11, 2015	N/A
R	Jan 01, 1976	None	Henrico HD VA	May 06, 2015	May 11, 2015	N/A
R	Jul 12, 2000	None	Henrico HD VA	May 06, 2015	May 11, 2015	N/A
A	Jan 11, 1978	B1 (TI 07)	Fairfax HD VA	Apr 21, 2015	May 08, 2015	Not Started
A	Aug 25, 2006	B2 (TI 07)	Rappahannock/Rapidan HD VA	Apr 10, 2015	May 08, 2015	Not Started
A	Aug 30, 1977	None	Fairfax HD VA	Apr 25, 2015	May 08, 2015	N/A
A	Apr 18, 2004	None	Fairfax HD VA	Apr 25, 2015	May 08, 2015	N/A
A	Jun 27, 2008	None	Fairfax HD VA	Apr 25, 2015	May 08, 2015	N/A
A	Jan 27, 2005	B2 (TI 07)	Chesterfield HD VA	Apr 22, 2015	May 08, 2015	Not Started
I	Aug 25, 2008	B2 (TI 07)	Norfolk City HD VA	May 03, 2015	May 07, 2015	Not Started
R	Jan 03, 2000	None	Roanoke City HD VA	May 04, 2015	May 07, 2015	N/A
R	Dec 26, 2007	None	Roanoke City HD VA	May 04, 2015	May 07, 2015	N/A
R	Jan 01, 1978	None	Roanoke City HD VA	May 04, 2015	May 07, 2015	N/A

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TB CLASSIFICATIONS

CLASS A TB WITH WAIVER

- Recommended for those with complicated clinical pictures who would benefit from being treated for TB in the US.
- Must be filed overseas, reviewed and approved by Homeland Security and Division of Global Migration and Quarantine
- Most applicants with Class A TB will remain overseas until they have been treated



CLASS B1 TB, PULMONARY

○ No Treatment

- Medical history, physical exam, or CXR findings suggestive of TB; smears and cultures are negative; not diagnosed with TB or can wait for treatment initiation

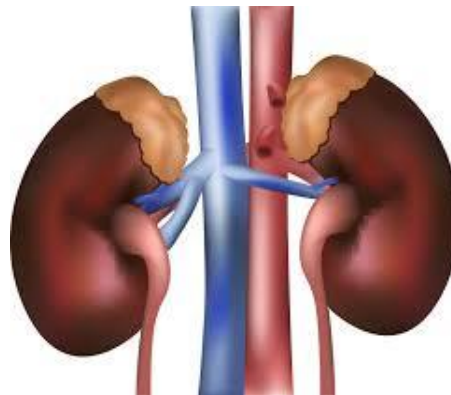
○ Completed Treatment

- After diagnosis of PTB, individuals complete treatment with DOT prior to immigration



CLASS B1 TB, EXTRAPULMONARY

- Evidence of extrapulmonary TB



CLASS B2 TB, LTBI EVALUATION

- Positive skin test or IGRA, normal chest x-ray, no signs or symptoms of TB



I. Screen for TB Symptoms (Check all that apply)



None (Skip to Section II, "Screen for Infection Risk")

___ Cough for > 3 weeks → Productive? ___ Yes ___ No

Hemoptysis? ___ Yes ___ No

___ Fever, unexplained

___ Hemoptysis

___ Unexplained weight loss

___ Poor appetite

___ Night sweats

___ Fatigue

*Evaluate these symptoms
in context*

Pediatric Patients (≤ 6 years of age)

___ Wheezing

___ Failure to thrive

___ Decreased activity, playfulness
and/or energy

___ Lymph node swelling

___ Personality changes



CLASS B3 TB, CONTACT EVALUATION

- Recent contacts of known TB cases



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EVALUATION

WHAT NEEDS TO BE DONE FOR TB CLASSIFIED INDIVIDUALS?

- Contact the individual to set up an appointment

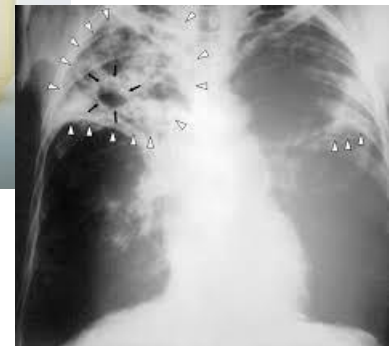


CLASS B1 TB

Consider **every** Class B1 immigrant (as long as it is a TB classification) as a TB suspect

- Required follow-up evaluations:

- TB 512
- PPD or IGRA (unless they have documentation of having been previously treated for active TB)
- Sputum Collection x 3
- Chest x-ray



CLASS B2 TB

- Required follow-up evaluations:
 - TB 512
 - TST or IGRAs
 - IGRAs preferable if 5 years of age or older
 - Chest x-ray if TST or IGRAs positive
 - Sputum collection x3 if abnormal chest x-ray result or symptomatic
 - Begin treatment for LTBI if TST or IGRAs positive, normal x-ray and no symptoms





Do **NOT** begin treatment for LTBI (Latent TB Infection) until final culture reports are received!



CLASS 3 TB

- Required follow-up evaluations:
 - TB 512
 - A repeat TST or IGRA a minimum of 10 weeks after contact broken with source case
 - These individuals should have documentation which includes:
 - Size of the TST or IGRA response
 - Information about the source case
 - Name, Alien ID#
 - Relationship to the case
 - Type of TB
 - Additional testing (x-ray, sputum, etc) as indicated





TB FOLLOW UP FORM

TB TECHNICAL INSTRUCTIONS

- <http://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf>

CDC IMMIGRATION REQUIREMENTS:

TECHNICAL INSTRUCTIONS FOR TUBERCULOSIS

SCREENING AND TREATMENT

USING CULTURES AND DIRECTLY

OBSERVED THERAPY

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

Division of Global Migration and Quarantine

Issued October 1, 2009



TB FOLLOW UP FORMS

Any individual identified with a TB Classified condition must have a TB Follow Up Form completed.

**ACTION
REQUIRED**



The top portion of the form will already be completed by EDN.

EDN TB Follow-Up Worksheet			
A. Demographic		Last reviewed: 6/21/2013	
A1. Name (Last, First, Middle):		A2. Alien #:	A3. Visa type:
A4. Initial U.S. entry date:			
A5. Age:	A6. Gender:	A7. DOB: ____/____/____	A8. TB Class:
A9. Country of examination:		A10. Country of birth:	
A11a. Address:		A12. a. Sponsor agency name:	
A11b. Phone:		b. Phone(s):	
A11c. Other:		c. Address:	
B. Jurisdictional Information			
B1. Arrival jurisdiction:		B2. Current jurisdiction:	
C. U.S. Evaluation			
C1. Date of Initial U.S. medical evaluation: ____/____/____			
Mantoux Tuberculin Skin Test (TST)		Interferon-Gamma Release Assay (IGRA)	
C2a. Was a TST administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		C3a. Was IGRA administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If YES, C2b. TST placement date: ____/____/____		If YES, C3b. Date collected: ____/____/____	
<input type="checkbox"/> Placement date unknown		<input type="checkbox"/> Date unknown	
		C3c. IGRA brand: <input type="checkbox"/> QuantiFERON® <input type="checkbox"/> T-SPOT	

The date of Initial US medical evaluation is the first date you have an encounter with the patient.

Mantoux Tuberculin Skin Test (TST)	Interferon-Gamma Release Assay (IGRA)
C2a. Was a TST administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	C3a. Was IGRA administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If YES,</i> C2b. TST placement date: ____/____/____ <input type="checkbox"/> Placement date unknown	<i>If YES,</i> C3b. Date collected: ____/____/____ <input type="checkbox"/> Date unknown
C2c. TST mm: _____ <input type="checkbox"/> Unknown	C3c. IGRA brand: <input type="checkbox"/> QuantiFERON® <input type="checkbox"/> T-SPOT <input type="checkbox"/> Other (specify): _____
C2d. TST interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	C3d. Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> Unknown
C2e. History of Previous Positive TST <input type="checkbox"/>	C3e. History of previous positive IGRA <input type="checkbox"/>

Skin Testing and/or IGRA information relates to testing done in the US. This is NOT a repeat of what was done overseas.



U.S. Review of Pre-Immigration CXR		U.S. Domestic CXR	Comparison
C4. Pre-immigration CXR available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Verifiable		C7. U.S. domestic CXR done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If YES, C8. Date of U.S. CXR: ____/____/____	C11. U.S. domestic CXR comparison to pre-immigration CXR: <input type="checkbox"/> Stable <input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Unknown
C5. U.S. interpretation of pre-immigration CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (must select one below): <input type="checkbox"/> Not consistent with active TB <input type="checkbox"/> Non-cavitary, consistent with TB <input type="checkbox"/> Cavitary, consistent with TB <input type="checkbox"/> Poor Quality <input type="checkbox"/> Unknown		C9. Interpretation of U.S. CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (must select one below): <input type="checkbox"/> Not consistent with active TB <input type="checkbox"/> Non-cavitary, consistent with TB <input type="checkbox"/> Cavitary, consistent with TB <input type="checkbox"/> Unknown	
C6. Other pre-immigration CXR abnormalities: <input type="checkbox"/> Volume loss <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (specify)		C10. U.S. domestic CXR abnormalities: <input type="checkbox"/> Volume loss <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (specify)	
U.S. Review of Pre-Immigration Treatment			
C12a. Completed treatment pre-immigration? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> Treated for TB disease <input type="checkbox"/> Treated for LTBI C12b. Treatment start date: ____/____/____ <input type="checkbox"/> Start date unknown C12c. Treatment end date: ____/____/____ <input type="checkbox"/> End date unknown		C13. Arrived on treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If YES, <input type="checkbox"/> TB disease <input type="checkbox"/> LTBI	

The US Review of Pre-Immigration CXR should not be a repeat of what is documented on the overseas medical exam. It is an evaluation of what a US doctor sees on the overseas x-rays. Unless a US doctor specifically reads the film, you should mark “Unknown”



U.S Review of Pre-Immigration CXR	U.S. Domestic CXR	Comparison
C4. Pre-immigration CXR available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Verifiable	C7. U.S. domestic CXR done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If YES , C8. Date of U.S. CXR: ____/____/____	C11. U.S. domestic CXR comparison to pre-immigration CXR: <input type="checkbox"/> Stable <input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Unknown
C5. U.S. interpretation of pre-immigration CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (must select one below): <input type="checkbox"/> Not consistent with active TB <input type="checkbox"/> Non-cavitary, consistent with TB <input type="checkbox"/> Cavitary, consistent with TB <input type="checkbox"/> Poor Quality <input type="checkbox"/> Unknown	C9. Interpretation of U.S. CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (must select one below): <input type="checkbox"/> Not consistent with active TB <input type="checkbox"/> Non-cavitary, consistent with TB <input type="checkbox"/> Cavitary, consistent with TB <input type="checkbox"/> Unknown	
C6. Other pre-immigration CXR abnormalities: <input type="checkbox"/> Volume loss <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (specify)	C10. U.S. domestic CXR abnormalities: <input type="checkbox"/> Volume loss <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (specify)	

Use the comparison box to document when a comparison of the overseas x-ray and the US x-ray is requested. If you don't have the pre-immigration x-ray, mark "Unknown"



U.S. Review of Pre-Immigration Treatment	
<p>C12a. Completed treatment pre-immigration? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, <input type="checkbox"/> Treated for TB disease <input type="checkbox"/> Treated for LTBI</p> <p>C12b. Treatment start date: ____/____/____ <input type="checkbox"/> Start date unknown</p> <p>C12c. Treatment end date: ____/____/____ <input type="checkbox"/> End date unknown</p> <p>C12d. Treatment reported by:</p> <p><input type="checkbox"/> Treatment documented on DS forms</p> <p><input type="checkbox"/> Patient reported treatment completion <u>at</u> or <u>before</u> panel physician examination</p> <p><input type="checkbox"/> Both-documented on DS forms & patient reported</p> <p><input type="checkbox"/> Unknown</p> <p>C12e. Standard TB treatment regimen was administered?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to verify</p>	<p>C13. Arrived on treatment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If YES, <input type="checkbox"/> TB disease <input type="checkbox"/> LTBI</p> <p>C13a. Start date: ____/____/____ <input type="checkbox"/> Start date unknown</p> <p>C14: Pre-Immigration treatment concerns?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES,</p> <p><input type="checkbox"/> Treatment duration too short</p> <p><input type="checkbox"/> Incorrect treatment regimen</p> <p><input type="checkbox"/> Other, please specify:</p>

- Indicate whether TB treatment was completed overseas before U.S. arrival
- Indicate whether treatment was for TB disease or LTBI
- Enter treatment start and end dates if known.

Alien #		EDN TB Follow-Up Worksheet (Cont)		Last reviewed: 6/21/2013			
C15. U.S. Microscopy/Bacteriology*		Sputa collected in U.S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<small>*Covers all results regardless of sputa collection method.</small>							
#	Date Collected	AFB Smear		Sputum Culture		Drug Susceptibility Testing	
1	___/___/___	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NTM	<input type="checkbox"/> MTB Complex	<input type="checkbox"/> MDR-TB	<input type="checkbox"/> Mono-RIF
		<input type="checkbox"/> Not Done	<input type="checkbox"/> Unknown	<input type="checkbox"/> Contaminated	<input type="checkbox"/> Negative	<input type="checkbox"/> Mono-INH	<input type="checkbox"/> Other DR
				<input type="checkbox"/> Not Done	<input type="checkbox"/> Unknown	<input type="checkbox"/> No DR	<input type="checkbox"/> Not Done
2	___/___/___	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NTM	<input type="checkbox"/> MTB Complex	<input type="checkbox"/> MDR-TB	<input type="checkbox"/> Mono-RIF
		<input type="checkbox"/> Not Done	<input type="checkbox"/> Unknown	<input type="checkbox"/> Contaminated	<input type="checkbox"/> Negative	<input type="checkbox"/> Mono-INH	<input type="checkbox"/> Other DR
				<input type="checkbox"/> Not Done	<input type="checkbox"/> Unknown	<input type="checkbox"/> No DR	<input type="checkbox"/> Not Done
3	___/___/___	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NTM	<input type="checkbox"/> MTB Complex	<input type="checkbox"/> MDR-TB	<input type="checkbox"/> Mono-RIF
		<input type="checkbox"/> Not Done	<input type="checkbox"/> Unknown	<input type="checkbox"/> Contaminated	<input type="checkbox"/> Negative	<input type="checkbox"/> Mono-INH	<input type="checkbox"/> Other DR
				<input type="checkbox"/> Not Done	<input type="checkbox"/> Unknown	<input type="checkbox"/> No DR	<input type="checkbox"/> Not Done

Indicate whether or not sputum was collected. If not collected, please make sure to check the “No” box



D1 – DISPOSITION DATE

D. Evaluation Disposition									
D1. Evaluation disposition date: __/__/__									
D2. Evaluation disposition:									
<input type="checkbox"/> Completed evaluation <i>If evaluation was completed, was treatment recommended?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> LTBI <input type="checkbox"/> Active TB	<input type="checkbox"/> Initiated Evaluation / Not completed <i>If evaluation was <u>NOT</u> completed, why not?</i> <table border="0"><tr><td><input type="checkbox"/> Not Located</td><td><input type="checkbox"/> Moved within U.S., transferred to:</td></tr><tr><td><input type="checkbox"/> Lost to Follow-Up</td><td><input type="checkbox"/> Moved outside U.S.</td></tr><tr><td><input type="checkbox"/> Refused Evaluation</td><td><input type="checkbox"/> Died</td></tr><tr><td><input type="checkbox"/> Unknown</td><td><input type="checkbox"/> Other, specify</td></tr></table>	<input type="checkbox"/> Not Located	<input type="checkbox"/> Moved within U.S., transferred to:	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> Moved outside U.S.	<input type="checkbox"/> Refused Evaluation	<input type="checkbox"/> Died	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other, specify
<input type="checkbox"/> Not Located	<input type="checkbox"/> Moved within U.S., transferred to:								
<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> Moved outside U.S.								
<input type="checkbox"/> Refused Evaluation	<input type="checkbox"/> Died								
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other, specify								
<input type="checkbox"/> Did not initiate evaluation									

Evaluation disposition date is the date in which a decision has been made, such as:

- Treatment recommended
- Final cultures back
- Patient moves
- Unable to make contact with the patient



D3 – DIAGNOSIS

TB CLASSES 0-1

D3. Diagnosis	<input type="checkbox"/> Class 0 - No TB exposure, not infected	<input type="checkbox"/> Class 1 - TB exposure, no evidence of infection
	<input type="checkbox"/> Class 2 - TB infection, no disease	<input type="checkbox"/> Class 3 - TB, TB disease
	<input type="checkbox"/> Class 4 - TB, inactive disease	<input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-pulmonary <input type="checkbox"/> Both sites
<hr/>		
D If diagnosed with TB disease,	<input type="checkbox"/> RVCT Reported	D5. RVCT #: <input type="checkbox"/> RVCT # unknown

Class 0: No TB Exposure

- Negative reaction to tuberculin skin test or IGRA
- No history of exposure

Class 1: TB exposure, no evidence of infection

I/R has had exposure to TB but does not have latent TB infection

- Negative reaction to tuberculin skin test or IGRA
- No evidence of infection.
- History of exposure to tuberculosis but negative reaction to the tuberculin skin test

D3 – DIAGNOSIS

TB CLASS 2

D3. Diagnosis	<input type="checkbox"/> Class 0 - No TB exposure, not infected	<input type="checkbox"/> Class 1 - TB exposure, no evidence of infection
	<input checked="" type="checkbox"/> Class 2 - TB infection, no disease	<input type="checkbox"/> Class 3 - TB, TB disease
	<input type="checkbox"/> Class 4 - TB, inactive disease	<input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-pulmonary <input type="checkbox"/> Both sites
D If diagnosed with TB disease,	<input type="checkbox"/> RVCT Reported	D5. RVCT #: <input type="checkbox"/> RVCT # unknown

Class 2: TB infection, no disease

Latent TB Infection (LTBI)

- Positive reaction to the tuberculin skin test
- Negative microscopy/bacteriology results
- No clinical or radiographic evidence of tuberculosis



D3 – DIAGNOSIS

TB CLASS 3

D3. Diagnosis	<input type="checkbox"/> Class 0 - No TB exposure, not infected	<input type="checkbox"/> Class 1 - TB exposure, no evidence of infection
	<input type="checkbox"/> Class 2 - TB infection, no disease	<input type="checkbox"/> Class 3 - TB, TB disease
	<input type="checkbox"/> Class 4 - TB, inactive disease	<input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-pulmonary <input type="checkbox"/> Both sites
D	If diagnosed with TB disease, <input type="checkbox"/> RVCT Reported	D5. RVCT #: <input type="checkbox"/> RVCT # unknown

Class 3: TB Active TB disease

- Clinically active tuberculosis
- Person must have clinical and/or radiologic evidence of tuberculosis
 - Established most definitively by isolation of M. tuberculosis
 - In absence of a positive culture for M. tuberculosis, persons in this class must have a positive reaction to the tuberculin test or IGRA
- Class 3 is further defined as pulmonary, extra-pulmonary, both sites on the follow-up form.

D3 – DIAGNOSIS

TB CLASS 4

D3. Diagnosis

☐

Class 0 - No TB exposure, not infected

☐

Class 2 - TB infection, no disease

☐

Class 4 - TB, inactive disease

☐

Class 1 - TB exposure, no evidence of infection

☐

Class 3 - TB, TB disease

☐

Pulmonary

☐

Extra-pulmonary

☐

Both sites

Class 4: Tuberculosis, inactive disease

Old, healed, inactive TB disease

- History of previous episode(s) of tuberculosis or abnormal stable radiographic findings
- Positive reaction to tuberculin skin test
- Negative microscopy/bacteriology
- No clinical and/or radiographic evidence of current disease



DIAGNOSIS

D3. Diagnosis		<input type="checkbox"/> Class 0 - No TB exposure, not infected	<input type="checkbox"/> Class 1 - TB exposure, no evidence of infection
		<input type="checkbox"/> Class 2 - TB infection, no disease	<input type="checkbox"/> Class 3 - TB, TB disease
		<input type="checkbox"/> Class 4 - TB, inactive disease	<input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-pulmonary <input type="checkbox"/> Both sites
D	<i>If diagnosed with TB disease,</i>	<input type="checkbox"/> RVCT Reported	D5. RVCT #: <input type="checkbox"/> RVCT # unknown
E. U.S. Treatment			

Diagnosis **must** be indicated in order for form to be entered into EDN

If you don't indicate a diagnosis, expect a call from us!



TREATMENT

E. U.S. Treatment

E1. U.S. treatment initiated: ☐ Yes ☐ No ☐ Unknown

If NO, specify the reason:

☐ Patient declined against medical advice ☐ Lost to follow-up ☐ Moved within U.S, transferred to:
☐ Died ☐ Moved outside the U.S. ☐ Other (specify)
☐ Unknown

If YES: ☐ TB disease ☐ LTBI

E2. Treatment start date: ____/____/____

E3. U.S. treatment completed: ☐ Yes ☐ No ☐ Unknown

If NO, specify the reason:

☐ Patient stopped against medical advice ☐ Lost to follow-up ☐ Adverse effect
☐ Provider decision ☐ Moved outside the U.S. ☐ Moved within U.S, transferred to:
☐ Died ☐ Unknown ☐ Other (specify)

If treatment was completed,

E4. Treatment completion date: ____/____/____

If treatment was initiated but NOT completed,

E5. Treatment end date: ____/____/____

F. Comments

Indicate whether or not treatment is started.

COMMENTS AND SCREEN SITE INFORMATION

F. Comments
G. Screen Site Information
Provider's Name:
Clinic Name:
Telephone Number:

Use Comments for anything not already covered by the form.

Note – physician's signature no longer required.



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TIMEFRAMES

INITIAL EVALUATION

Evaluation should be initiated within 30 days of notification.



EVALUATION COMPLETION

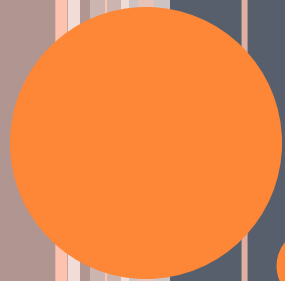
- Complete evaluation within 90 days of notification



FORM SUBMISSION

- As soon as possible
- Within 2 business days of learning someone has moved out of state or to another district
- As soon as a decision has been made on what to do with patient
 - Starting meds
 - Not starting meds
- **It is acceptable to submit the form and send an updated form once you have additional information**





WHY?

PRIMARY REASON

- Identify and treat cases of TB



NATIONAL TB INDICATORS PROJECT

- The National Tuberculosis Indicators Project (NTIP) is a monitoring system for tracking the progress of U.S. tuberculosis (TB) control programs toward achieving the national TB program objectives.
- CDC is looking at data and comparing states to National averages.

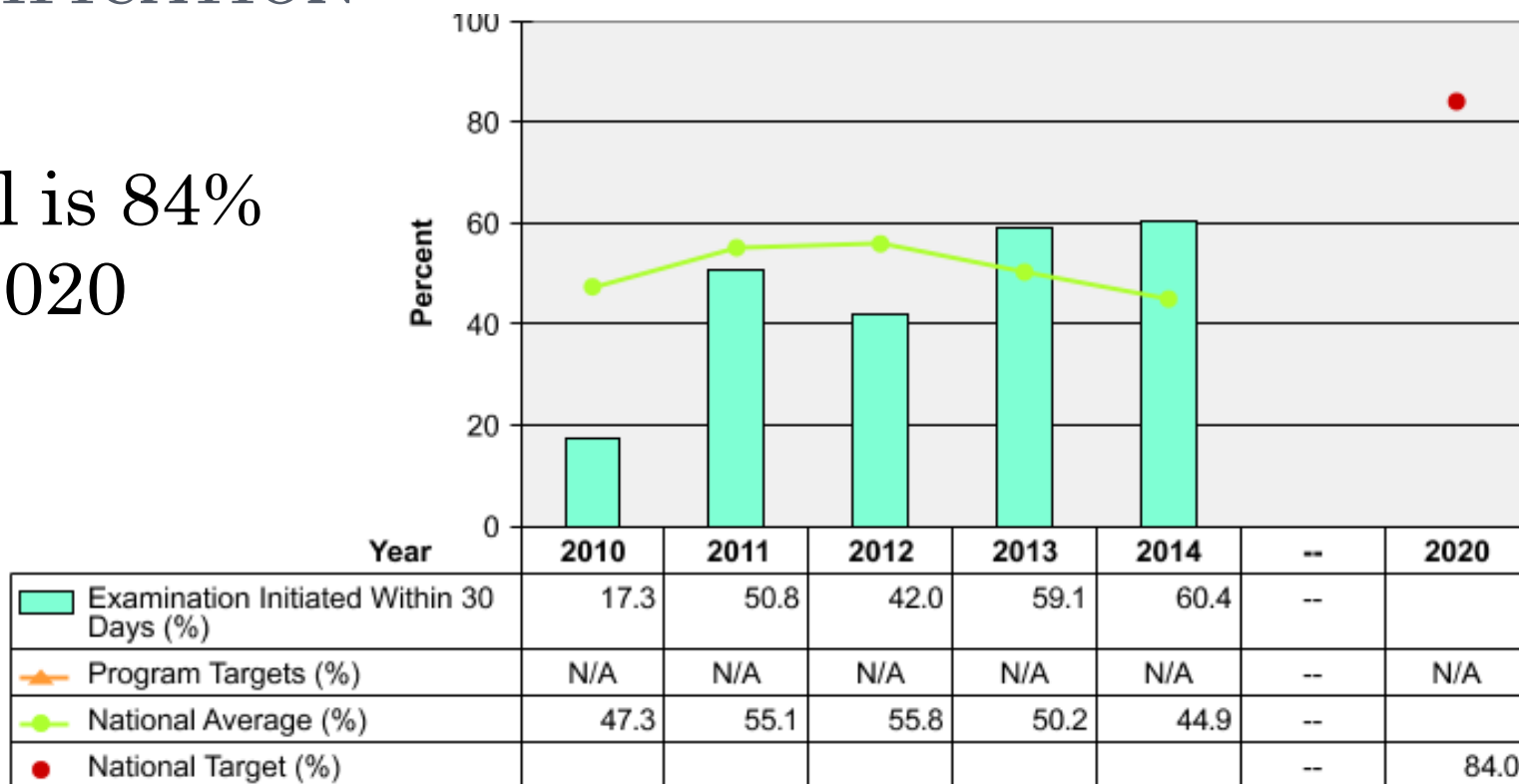


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GOALS

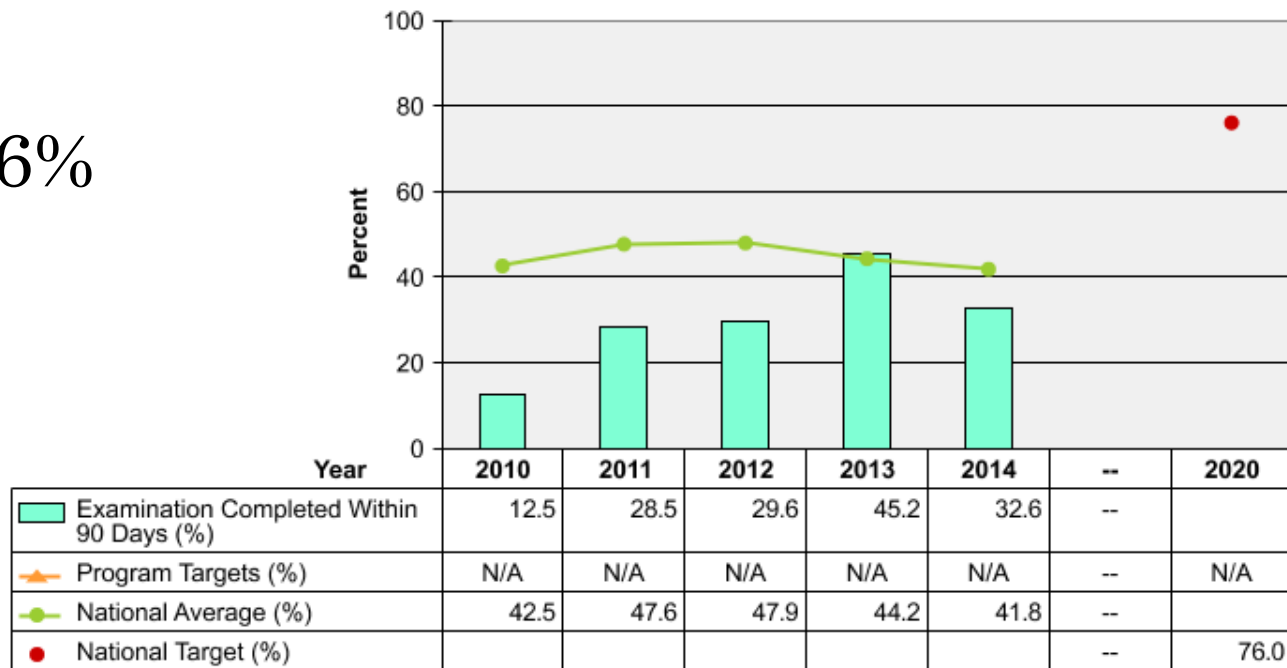
REFUGEES AND IMMIGRANTS WITH ABNORMAL OVERSEAS X-RAYS CONSISTENT WITH TB THAT INITIATE EVALUATION WITHIN 30 DAYS OF NOTIFICATION

Goal is 84%
by 2020



REFUGEES AND IMMIGRANTS WITH ABNORMAL OVERSEAS X-RAYS CONSISTENT WITH TB THAT COMPLETE EVALUATION WITHIN 90 DAYS OF NOTIFICATION

Goal is 76%
by 2020



Year	2010	2011	2012	2013	2014
Total Immigrants and Refugees with Abnormal Chest X-rays Read Overseas as Consistent with TB (N)	312	295	314	301	273
Examination Completed (n)	87	190	183	217	207
Examination Completed Within 90 Days (n)	39	84	93	136	89
Examination Not Completed (n)	225	105	131	84	66

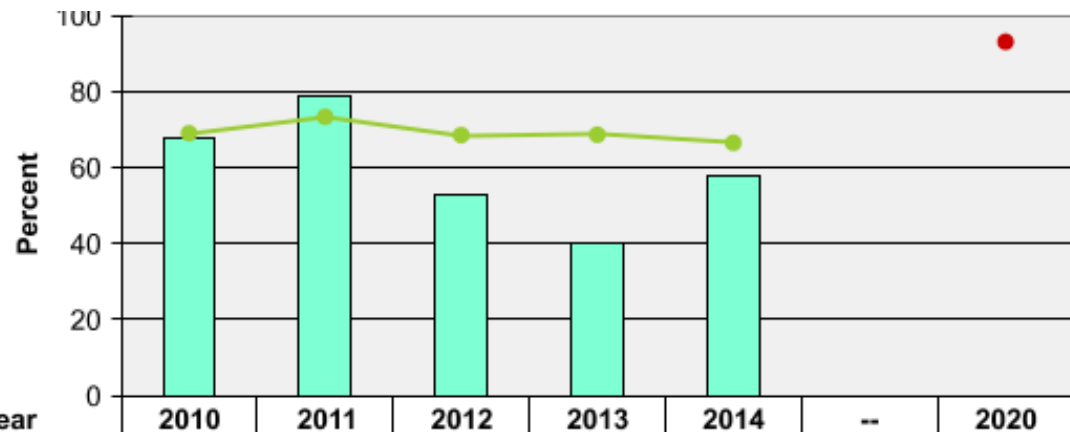
LTBI DIAGNOSIS

- For those diagnosed with LTBI initiate treatment



TREATMENT INITIATION FOR THOSE WHO ARE DIAGNOSED WITH LATENT TB INFECTION (LTBI) OR INACTIVE TB DISEASE

Goal is 93%
by 2020



Year	2010	2011	2012	2013	2014	--	2020
Started Treatment (%)	67.4	78.5	52.6	40.2	57.9	--	
Program Targets (%)	N/A	N/A	N/A	N/A	N/A	--	N/A
National Average (%)	68.9	73.3	68.5	68.6	66.4	--	
National Target (%)						--	93.0

Year	2010	2011	2012	2013	2014
Total Immigrants and Refugees Diagnosed with LTBI or Inactive TB Disease During U.S. Examination	66	128	119	134	125
Recommended for Treatment (N)	43	79	76	87	76
Started Treatment (n)	29	62	40	35	44
Did Not Start Treatment (n)	14	17	36	52	32

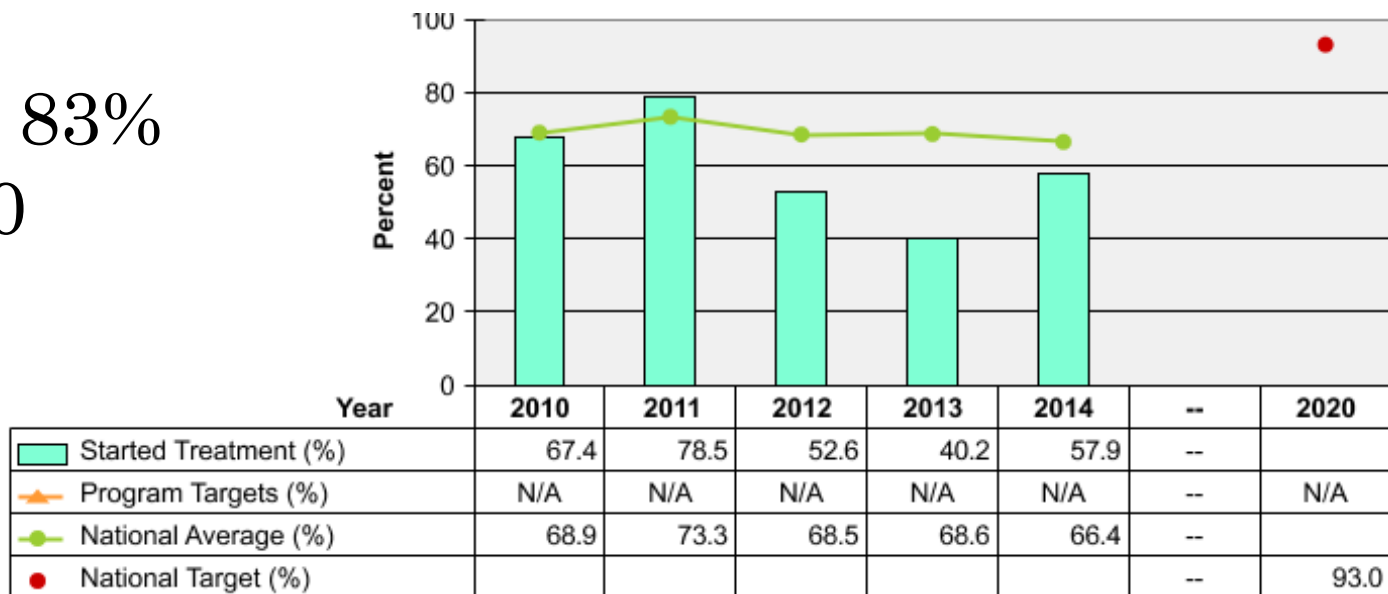
LTBI TREATMENT

- For those who start treatment, ensure treatment is completed



TREATMENT COMPLETION FOR THOSE DIAGNOSED WITH LTBI OR INACTIVE TB DISEASE AND HAVE STARTED TREATMENT

Goal is 83%
by 2020



Year	2010	2011	2012	2013	2014
Total Immigrants and Refugees Diagnosed with LTBI or Inactive TB Disease During U.S. Examination	66	128	119	134	125
Recommended for Treatment (N)	43	79	76	87	76
Started Treatment (n)	29	62	40	35	44
Did Not Start Treatment (n)	14	17	36	52	32

IMPROVEMENT NEEDED IN STARTING AND COMPLETING TREATMENT



CAN WE DO IT?



QUESTIONS

